Our Ref: CT0123/SHC3216P/CK(st)

Date: 02.02.2023

CHINA TAIPING INSURANCE CO (S)PTE L

3 ANSON ROAD #16-00 Singapore 079909

Attn: Motor Claims Department Without Prejudice

Dear Sir/Madam



ComfortDelGro Engineering Pte Ltd 59 Loyang Drive Singapore 508969

www.cdge.com.sg

Company Registration No: 199506048W

# ACCIDENT ON 12.01.2023 INVOLVING SHC3216P & GBD5142X ALONG CTE (AYE)

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of vehicle No SHC3216P, which was involved in the captioned accident with your insured vehicle No GBD5142X.

The vehicle owner and the taxi hirer/driver concerned have requested and authorised us to assist them in presenting their claims against the party responsible for all applicable matters arising from the damage of the vehicle.

As the accident was caused by the negligent act of your insured driver, we are submitting these claims for your consideration on behalf of the claimants:

### Taxi Owner's Claim:

	[E&OE]	<b>Total Claims</b>	S\$	2,123.44
2. Others			S\$ 	0.00
1. Loss of Income	4 da	ays x S\$ 80.00	S\$	320.00
Hirer's Claim :				
6. Others			S\$	0.00
5. GIA / Police Report Fee			S\$	2.00
4. LTA Search Fee			S\$	0.00
3. Survey Report Fee			S\$	0.00
2. Loss of Rental	4 da	ays x S\$ 126.36	S\$	505.44
1. Cost of Repairs			S\$	1,296.00

A copy each of the following supporting documents marked [X] is enclosed:

[X]	Original Repair Bill	[X]	Letter of Authority from Owner/Hirer/Operator			
[X]	GIA/Police Report(s)	[X]	Rental Rate Letter			
$[\!\!\times\!\!]$	LTA/GIA Search Slip(s)	[X]	Downtime/Mileage Record			
[]	Survey Report / Bill	[]	Witness Statement / Accident Scene Photo(s)			
[]	Driver's IC/DL/VL / Road Tax / Log Card / Certificate of Insurance					
[]	Tow Chit / PIR / Hirer's IRAS / Others :					

Kindly look into the matter and let us hear from you on the settlement of our clients' claims as soon as possible.

Please note that it is a condition of any settlement reached that it shall be without prejudice to any personal injury claim (if any) of the taxi driver.

Yours sincerely Catherine Koh **CDGE Claims Department** 

DID: 62148733 FAX: -Email: catherinekoh@cdge.com.sg

This is a computer-generated letter. No signature is required.



**LETTER OF AUTHORISATION** 

(NAF / PAF)

ACCIDENT INVOLVING Hyundai Ioniq SHC3216P , GBD5142X ON 12-Jan-23 14:30

ALONG CTE (AYE)

I / We LUM HOCK CHUEN (Hirer) NRIC No.: SXXXX284H

and/or (Relief) NRIC No.: SXXXX284H

Taxi Number SHC3216P

hereby authorise ComfortDelGro Engineering Pte Ltd(CDGE):

- 1. To submit my/our claims for damages, costs and expense, including loss of earning (Pending successful recovery), loss of rental,medical fee and legal costs.
- 2. To have absolute discretion to agree to any settlement or compensation amount in respect of my/our claim against third party (except personal injuries and medical claims).
- 3. To sign Discharge Voucher on my/our behalf.
- 4. To accept any payment (claim proceeds) in respect of the claim against third party and payment by cheque shall be forward directly to CDGE in accordance with CDGE's instruction and made in favour of "ComfortDelGro Engineering Pte Ltd".

Date

Name of Hirer LUM HOCK CHUEN

Hirer NRIC **SXXXX284H** Signature:

27-Jan-2023

Address 329 SEMBAWANG CLOSE #03-393

750329

Contact No. **98241083** 

https://cdgek2srv1:4444/Runtime/Runtime/Runtime/Runtime/View/CDG.VARS.V.Le... 27/01/2023



# ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701 Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops

205 Braddell Road Singapore 579701 59 Loyang Drive Singapore 508969 45 Pandan Road Singapore 609286

383 Sin Ming Drive Singapore 575717 7 Sungei Kadut Way Singapore 728791 320 Ubi Road 3 Singapore 408649

GST REG. NO. M2-8921817-3

TAX INVOICE

COMPANY REG. NO.: 199506048W

Page: 1

8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD SPRINGLEAF TOWER

3 ANSON ROAD #16-00 SINGAPORE 079909

CONTACT NO: 62222366

VEHCLE NO SHC3216P

NO/DATE

93202478 27.01.2023

MAKE HYUNDAI JOB NO. 305542539

MODEL IONIQ(G3) ODOMETER READING

**DATE OF REG** 30.10.2019

CHASSIS CODE KMHC851CVLU187644

JOB TYPE

Description : 3P 12.01.2023

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt Add GST @ 8 8.000

Total Invoice amount

1,296.00

Issued by : CHEWBEELENG 27.01.2023 16:10:50 Repair Type : CLSO/57/57 Payment Type/Term : /Credit 30 days

# ComfortDelGro Engineering Pte Ltd

Head Office: 205 Braddell Road Singapore 579701

ACCOUNT No. INVOICE No. **AMOUNT** BANK/CHQ No

Kindly note that no receipt shall be issued unless requested.

Our Ref: CT23010202

Date: 27 January 2023



# TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 12/01/2023 @ 14:30 hrs

ALONG CTE (AYE) INVOLVING GBD5142X

We refer to the above-mentioned accident and wish to inform that **Comfort Transportation Pte Ltd** is the registered owner of the taxi bearing vehicle registration number **SHC3216P** (the "Taxi"). The Taxi was hired to **LUM HOCK CHUEN IC NO SXXXX284H** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate \$126.36 per day (inclusive of GST).

Please be advised that the Taxi was insured with **AXA Insurance Pte Ltd** on a third party basis at the material time of the accident.

We wish to confirm that the aforesaid hirer-operator had obtained our permission to undertake repairs for damage on the Taxi arising from the said accident with a motor workshop of his choice.

Please liaise with the said hirer-operator or his authorized workshop directly for settlement of claims with third party's insurance company in respect of the said accident.

Yours faithfully

Philip Chia Manager, Fleet Safety

This is a computer generated letter. No signature is required.

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# **INSURER ENQUIRY**

# Find insurer

Vehicle reg. no.

GBD5142X

**Date of Accident** 

12/01/2023

Reset

# % RESULT & RECEIPT

# TP Insurer Enquiry Insurance \_\_\_\_\_\_ China Taiping Insurance (Sing... Period of Insurance \_\_\_\_\_\_ 11/11/2022 - 10/11/2023 Requested By \_\_\_\_\_ Huang Xiao Yan (COMFORTDEL... Requested Date \_\_\_\_\_\_ 13/01/2023 14:10

# **Payment details**

Request Amount: **\$\$1.85**GST Amount: **\$\$0.15** 

Total Amount Due (GST Inclusive): **\$\$2** 

## **General Insurance Association**

Records Management Centre GST Registration No: **M400017735**